

**Everly A. H. Buscemi, Ph.D.**

*State Director*

**David A. Goodell**

*Associate State Director*

*Operations*

**Kathi K. Lacy, Ph.D.**

*Associate State Director*

*Policy*

**Thomas P. Waring**

*Associate State Director*

*Administration*



3440 Harden Street Ext (29203)  
PO Box 4706, Columbia, South Carolina 29240  
803/898-9600  
Toll Free: 888/DSN-INFO  
Website: [www.ddsn.sc.gov](http://www.ddsn.sc.gov)

**COMMISSION**

**Richard C. Huntress**

*Chairman*

**Deborah C. McPherson**

*Vice Chairman*

**Otis D. Speight, MD, MBA, CPE**

*Secretary*

**W. Robert Harrell**

**Kelly Hanson Floyd**

**Nancy L. Banov, M.Ed.**

Reference Number: 505-02-DD

Title of Document: Death or Impending Death of Persons Receiving Services From DDSN

Effective Date: April 1, 1989

Date of Issue: April 1, 1989

Last Review Date: November 1, 2010 (REVISED)

Date of Last Revision: November 1, 2010

Applicability: DDSN Regional Centers, DSN Boards, and Qualified Services Providers

## **I. Introduction**

The purpose of this document is to establish procedures to be followed in the event of the impending death or death of an individual receiving services from a Department of Disabilities and Special Needs (DDSN) sponsored program.

Staff should always remain aware of the feelings and emotions of families whose loved one is critically ill or has just passed away. All contact with the family should be made in a sensitive and respectful manner. If available, the physician should contact the family to answer questions and to assist them in understanding the individual's medical condition or cause of death. If the physician is not available, the Facility Director/Executive Director/CEO should contact the family. Residential or Service Coordination staff who have worked closely with the critically ill or deceased individual and family are also important in assisting the family and are generally the primary contact for the family.

## **II. Impending Death**

Should an individual's death become imminent due to accident or serious illness, and the person is residing in a DDSN sponsored residence, the physician or the Facility Director/Executive

### **DISTRICT I**

P.O. Box 239  
Clinton, SC 29325-5328  
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500  
Whitten Center - Phone: 864/833-2733

### **DISTRICT II**

9995 Miles Jamison Road  
Summerville, SC 29485  
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750  
Pee Dee Center - Phone: 843/664-2600  
Saleeby Center - Phone: 843/332-4104

Director/CEO should inform the parents/next-of-kin of the critical nature of the illness. The residence social worker or service coordinator along with the physician will maintain contact with the family during the period the person remains in danger. If the family desires, a pastor or other religious person of their choice will be located to minister to the needs of the individual and the family.

### **III. Reporting the Death of a Individual Supported by DDSN**

In order to provide quality assurance oversight, DDSN tracks relevant information on the deaths of all persons who reside in DDSN sponsored residential services, or whose death occurs at an agency or provider location (e.g., day program) or while under the supervision of an agency or provider staff person (e.g., individual rehabilitation supports)

- A. DEATHS OF CONSUMERS AGE 17 AND UNDER IN DDSN OPERATED HOMES OR THOSE HOMES CONTRACTED FOR OPERATION BY DDSN
  - 1. Facility Administrators/Executive Directors/CEOs or their designee will report the death to DDSN using the Death Reporting function on the Incident Management System as soon as possible, but no later than 24 hours or the next business day.
  - 2. A report must be made to DDSN, even if the child dies in a location other than his/her DDSN sponsored home (e.g., hospital). The report to DDSN must be submitted on the Incident Management System.
  - 3. If the death was unexpected or suspicious in nature, the Facility Administrator/Executive Director/CEO or their designee must call the District Director or their designee immediately. Immediately means within two (2) hours of the death. The District Director will then notify the Associate State Director-Operations and the State Director. The Death Reporting function on the Incident Management System must be completed as soon as possible but no later than 24 hours or the next business day.
  - 4. All child deaths in ICF/MR facilities must be reported in writing by the Facility Administrator/Executive Director/CEO or their designee to the Health Licensing Division of DHEC at the same time a report is made to DDSN.
  - 5. The physician, Facility Administrator/Executive Director/CEO or their designee shall notify the county coroner's office immediately of all child deaths unless the death occurred in a hospital setting.

6. An internal review by management will be conducted of all child deaths. However, **the review should never interfere with any outside investigation if applicable.** Results of all reviews must be submitted to DDSN and to DHEC, as applicable, within ten (10) working days of the death. The results of the review must be documented in the Report of Death-Final Report, located within the Death Reporting function of the Incident Management System. The Facility Administrator/Executive Director/CEO or their designee will submit the final report.

B. DEATHS OF CONSUMERS AGE 18 AND ABOVE IN DDSN OPERATED HOMES OR THOSE HOMES CONTRACTED FOR OPERATION BY DDSN

Facility Administrators/Executive Directors/CEOs or their designee will report the death to the South Carolina Law Enforcement Division (SLED) immediately using SLED's toll free number: 1-866-200-6066. In addition the Initial Report of Death Form located in the Death Reporting function of the Incident Management System, must be completed as soon as possible, but no later than 24 hours or the next business day.

1. A report must be made to DDSN and SLED even if the consumer dies in a location other than his/her DDSN sponsored home (e.g., hospital). The report to DDSN must be submitted on the Incident Management System.
2. If the death was unexpected or suspicious in nature, the Facility Administrator/Executive Director/CEO or their designee must call the District Director or their designee and SLED immediately. Immediately means within two (2) hours of the death. The District Director will then notify the Associate State Director-Operations and the State Director. The Report of Death function on the Incident Management System must be submitted to DDSN as soon as possible, but no later than 24 hours or the next business day.
3. All deaths in ICF/MR and CRCF facilities must be reported in writing by the Facility Administrator/Executive Director/CEO or their designee to the Health Licensing Division of DHEC at the same time a report is made to DDSN.
4. The physician, Facility Administrator/Executive Director/CEO or their designee shall notify the county coroner's office immediately of all deaths unless the death occurred in a hospital setting.
5. An internal review by management will be conducted of all deaths. However, **the review should never interfere with the investigation of death conducted by SLED.** Results of all reviews must be submitted to DDSN within ten (10) working days of the death. The results of the

review must be documented in the Report of Death-Final Report, located within the Death Reporting function of the Incident Management System. The Facility Administrator/Executive Director/CEO or their designee will submit the final report.

C. DEATHS OF PERSONS OF ANY AGE OTHER THAN THOSE LIVING IN A RESIDENTIAL PROGRAM OPERATED BY OR CONTRACTED FOR OPERATION BY DDSN WHILE AT AN AGENCY OR PROVIDER LOCATION (E.G. DAY PROGRAM) OR WHILE UNDER THE SUPERVISION OF AN AGENCY OR PROVIDER STAFF PERSON (E.G., INDIVIDUAL REHABILITATION SUPPORTS)

1. Facility Administrators/Executive Directors/CEOs or their designee will report the death to DDSN using the Death Reporting function of the Incident Management System as soon as possible, but no later than 24 hours or the next business day.
2. If the death was unexpected or suspicious in nature, the Facility Administrator/Executive Director/CEO or their designee must call the District Director or their designee immediately. Immediately means within two (2) hours of the death. The District Director will then notify the Associate Director-Operations and the State Director. The Report of Death function on the Incident Management System must be sent to DDSN as soon as possible, but no later than 24 hours or the next business day.
3. The physician, Facility Administrator/Executive Director/CEO or their designee shall notify the county coroner's office immediately of all deaths unless the death occurred in a hospital setting.
4. An internal review by management will be conducted of all deaths. However, **the review should never interfere with any outside investigation if applicable.** Results of all reviews must be documented within ten (10) business days in the Report of Death-Final Report, located within the Death Reporting function of the Incident Management System. The Facility Administrator/Executive Director/CEO or their designee will submit the final report.

IV. Notification Procedures

For those consumers living in a DDSN sponsored residential setting, the family/guardian or primary correspondent will be notified of the death by the method they have identified in the consumer's plan such as by phone, personal visit or by notifying their minister who would then notify the family. If the family has made no prior arrangements, the attending physician will

inform the family of the death of their family member as soon as possible after the death. Permission for an autopsy should be sought at that time as indicated by law. The social worker or service coordinator will also contact the family to help with funeral and burial arrangements. When gathering information on the death of a DDSN consumer, care must be taken to respect the feelings of survivors. The staff person should express condolences, indicate the importance of gathering key information for the benefit of other individuals with disabilities, and proceed to fill out the "Report of Death" form by retrieving information from all appropriate sources. If family members are unwilling/unable to participate in filling out the form, then the staff person should proceed with the form using information from other sources.

#### **V. Autopsy**

An autopsy will be performed following the death of an individual when requested by the coroner or SLED and should also be done when:

- a) death is an unexpected or unexplained outcome as determined by the attending physician and/or medical director, and/or Executive Director, or;
- b) requested by the family. (*Costs for an autopsy requested by the family, but not required by the Coroner or SLED, will be the financial responsibility of the family*).

If the circumstances of the death do not require an autopsy (i.e. ordered by the Coroner's Office or SLED), but one is sought, the attending physician will seek permission from the next of kin or correspondent. If permission is denied, this objection will be honored and the denial recorded in the chart by the requesting physician/medical director or Executive Director.

#### **VI. Disposition of Remains**

The remains of the deceased will be released to the parents or other responsible relative or guardian of record. If no responsible person is known or if such person refuses to accept custody of the remains, the Facility Administrator/Executive Director/CEO or their designee will arrange for burial or other appropriate disposition of the remains.

If possible, individuals should be buried in their home community. If no family member or relative can be located to help make arrangements for the burial in the home community, the Facility Administrator/Executive Director/CEO can arrange for the burial at an appropriate community or church cemetery. In these cases, burials will be the financial responsibility of the Regional Center or provider agency responsible for the individual after all other resources have been utilized.

#### **VII. Individual's Funds**

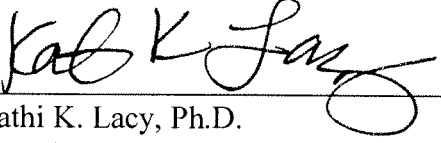
At the time of death, all funds conserved for the individual are frozen, and no disbursements will be made without legal authority of the Probate Court. Should this pose a problem for families

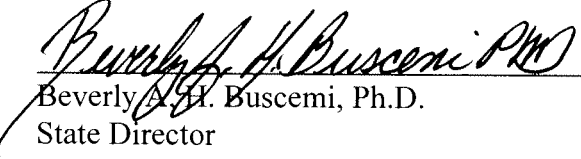
needing immediate access to the individual's funds for funeral expenses, the provider will cooperate with the family to assure the burial is handled in a reasonable manner in accordance with the family's wishes.

File the Affidavit for Collection of Personal Property Pursuant to Small Estate Proceeding available on the judicial website [www.judicial.state.sc.us](http://www.judicial.state.sc.us) – quick links (Probate Court Form 420PC). The Probate Court will issue an order permitting payment to the proper persons.

### **VIII. Quality Management**

All Regional Centers, DSN Boards and Qualified Service Providers must follow DDSN Directive 100-28-DD: Quality Assurance, to ensure continuous quality improvement in all services and supports provided to DDSN consumers. In addition, DDSN will participate in the Vulnerable Adult Fatalities Review Committee and the Children's Fatalities Review Committee to improve service quality and to develop and implement measures to prevent future deaths from similar causes from occurring if at all possible.

  
\_\_\_\_\_  
Kathi K. Lacy, Ph.D.  
Associate State Director-Policy  
(Originator)

  
\_\_\_\_\_  
Beverly A. H. Buscemi, Ph.D.  
State Director  
(Approved)

#### Related Directives or Laws:

Child Protection Reform Act, Section 20-7-480, et seq.  
Omnibus Adult Protection Act, Section 45-35-35, et seq.

100-28-DD: Quality Assurance and Management  
200-02-DD: Financial Management of Personal Funds  
200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs

**NEED:** One certified copy of death certificate; Original Will (if there is one)  
Small Estate Affidavit/form 420PC; (decedent owned no real estate & net assets are less than \$10,000)  
Court cost: \$12.50 (assets 0-\$99.99); \$25 (assets \$100-\$4,999.99); \$45 (assets \$5,000-\$10,000)  
For questions or an appointment, call *Judicial Assistant, Fran Knight*, at 864/467-7146.

STATE OF SOUTH CAROLINA )  
COUNTY OF GREENVILLE )

IN THE PROBATE COURT  
CASE NUMBER: *no. assigned by Court*

IN THE MATTER OF: )  
)  
*write in name of deceased* )  
Deceased )

**AFFIDAVIT FOR COLLECTION OF PERSONAL  
PROPERTY PURSUANT TO SMALL ESTATE PROCEEDING**

**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY PURSUANT TO SMALL ESTATE PROCEEDING**

Affiant: person completing this form

- Nature of interest of undersigned: your relationship to decedent
- Decedent's Information:  
Name: List full name of deceased person  
Social Security Number: n/a  
Date of Birth: Date of birth of deceased person  
Date of Death: Date of death for this person  
Age at date of death: Age of deceased person at date of death  
Domicile at date of death: Permanent residence address for deceased (not nursing home); i.e. residence shown on fed. income tax  
(county) (state) returns or place of voters registration
- Venue for this proceeding is proper in this county because:  
☐ CHECK Decedent was domiciled in this county at date of death.  
☐ ONE Decedent was not domiciled in this state, but property of Decedent was located in this county at date of death.
- No Application or Petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction. More than thirty (30) days have passed since the decedent's death. The value of the entire probate estate, less liens and encumbrances, does not exceed \$10,000.
- This affidavit is pursuant to §62-3-1201 of the South Carolina Probate code (Supp. 1990). The successor(s) named herein is/are entitled to the payment of any sums of money due and owing to the decedent, and to the delivery of all tangible personal property belonging to the decedent and in the possession of another, and to the delivery of all instruments evidencing a debt, obligation, stock or chose in action belonging to the decedent, in the following respective proportions. Names and addresses of the decedent's spouse, children, heirs and devisees, including minors' dates of birth are:

NAME OF SUCCESSOR	AGE	ADDRESS	RELATION	PERCENTAGE INTEREST
-------------------	-----	---------	----------	---------------------

"... those persons, other than creditors, who are entitled to property of a decedent under his will or this Code."  
(Devisees or Heirs-at-Law)

Example:				
Jane Smith	adult	12 Abbey Street Greenville, SC 29601	Wife	50%
Jean Smith	adult	34 Grace Street Greenville, SC 29605	Daughter	25%
Joshua Smith	14	56 Farm Street Greenville, SC 29611	Son	25%

- The property of the decedent consists of: (this form cannot be used if decedent had real estate)  
(list specific assets held by decedent at death)

---

**VERIFICATION**

The undersigned, being sworn, states: That the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief; and the undersigned hereby submits to the court's jurisdiction in this matter.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public for South Carolina  
My commission expires: \_\_\_\_\_

Signature: \_\_\_\_\_ *sign here before notary*  
Name: \_\_\_\_\_ *print name*  
Address: \_\_\_\_\_ *print address*  
\_\_\_\_\_  
Telephone (O): \_\_\_\_\_  
(H): \_\_\_\_\_  
Email: \_\_\_\_\_

---

**ORDER FOR PAYMENT OF DELIVERY**

IT IS HEREBY ORDERED that the will executed on \_\_\_\_\_ is hereby informally admitted to probate.

It appears from the foregoing affidavit, the original of which is on file in the Probate Court of this county, that payment or delivery of the property should be made as follows:

**SAMPLE**

*(The Probate Court will complete this section directing distribution of the assets listed.)*

IT IS SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Debora A. Faulkner, Probate Court Judge